

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 146
Registered No. 74

1. PLACE OF BIRTH

County DeLa State Arizona
District or Township _____ or Village _____
City miami No. Miami - Inspiration Hospital St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jaynes

If child is not yet named, make supplemental report, as directed.

3. Sex of Child female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Feb 1 1930
Month Day Year

8. FATHER
Full name Harry Mayne Hughes

14. MOTHER
Full maiden name Lizzie Joe Redfern

9. Residence
(Usual place of abode) Superior, Arizona
If non-resident, give place and state.

15. Residence
(Usual place of abode) Superior, Arizona
If non-resident, give place and state.

10. Color or race white **11. Age at last birthday** 27 (Years)

16. Color or race white **17. Age at last birthday** 26 (Years)

12. Birthplace (city or place) Franklin
(State or country) Kentucky

18. Birthplace (city or place) Denison
(State or country) Texas

13. Occupation dry goods merchant
Nature of industry

19. Occupation Housewife
Nature of industry

20. Number of children of this mother 3
(Taken as of time of birth of child herein certified and including this child). (a) Born alive and now living 0
(b) Born alive but now dead 0
(c) Stillborn 3 **21. Were precautions taken against ophthalmia neonatorum.** _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was stillborn at 3 30 p.m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature F. Frommelt
_____ (Physician or midwife).

Given name added from a supplemental report. Address Miami, Arizona

Month, day, year _____
Registrar. _____
Filed Feb 11 1930 6-6-From Registrar.

682-201-395

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.